



Stormwater BMP Owner Inspection Form – Pervious Pavement

City of Columbia, Missouri

Address: _____

Owner: _____

Legal: _____

Date: _____ E-mail: _____ Phone: (____) ____ - _____

I. GENERAL INSPECTION RESULTS					
Item	Inspection Results				BMP's in General
1	<input type="checkbox"/>	Apparent problems	<input type="checkbox"/>	No problems	BMP does not appear to be well maintained.
2	<input type="checkbox"/>	Design flaws	<input type="checkbox"/>	No flaws	BMP observed to have significant design flaws which lessen its effectiveness.
3	<input type="checkbox"/>	Unauthorized modifications	<input type="checkbox"/>	No modifications	BMP has unauthorized modifications that reduce its effectiveness.
4	<input type="checkbox"/>	BMP removed	<input type="checkbox"/>	BMP present	BMP has been destroyed or removed from property.
5	<input type="checkbox"/>	Trash	<input type="checkbox"/>	No Trash	Trash and debris has accumulated on/in BMP. Yard waste in BMP.
6	<input type="checkbox"/>	Contaminated	<input type="checkbox"/>	Uncontaminated	Evidence of Oil, gasoline. Contaminants or other pollutants.
7	<input type="checkbox"/>	Smells	<input type="checkbox"/>	Doesn't smell	Unpleasant odors from the BMP.
II. BMP SPECIFIC INSPECTION RESULTS – PERVIOUS PAVEMENT					
Item	Inspection Results				BMP : Pervious Pavement
1	<input type="checkbox"/>	Debris on surface	<input type="checkbox"/>	Debris free	Is the surface covered with trash, yard clippings, or other types of debris?
2	<input type="checkbox"/>	Ponded water	<input type="checkbox"/>	Draining freely	Is there water ponding on the surface?
3	<input type="checkbox"/>	Clogged pores	<input type="checkbox"/>	Pores open	Pores on the surface are clogged.
4	<input type="checkbox"/>	Obstructed	<input type="checkbox"/>	No obstructions	Overflow devices are obstructed or debris has collected.
5	<input type="checkbox"/>	Sediment accumulated	<input type="checkbox"/>	No accumulated sediment	Sediment has accumulated and is not allowing water through the surface of the pavement.
6	<input type="checkbox"/>	Damaged pipes	<input type="checkbox"/>	No damage	Part of the underdrain piping is crushed, deformed, damaged, in need of repair or any other failure. (If installed)
7	<input type="checkbox"/>	Weeds	<input type="checkbox"/>	No weeds	Invasive, nuisance vegetation or weeds are present.

1. Is maintenance needed at this time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are mosquitoes or mosquito larvae present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Maintenance items completed: _____		

Inspected by: _____

Signature

[Print Full Name]

FOR CITY USE ONLY - DO NOT FILL	
Date received : _____	Received By: _____
Comments/Corrective actions required:	